

Docket No.: 42390P6873

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Re the Application of:

PER HAMMARLUND, ET AL.

Application No.: 09/539,734

Filed: March 30, 2000

For: **Method and Apparatus Selectively To Advance a Write Pointer for a Queue Based on the Indicated Validity or Invalidity of an Instruction Stored Within the Queue**

Art Group: 2183

Examiner: Harkness, Charles A.

PETITION FOR EXTENSION OF TIME PURSUANT TO 37 C.F.R. § 1.136(a)

RECEIVED

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AUG 30 2004

Sir:

In accordance with 37 C.F.R. § 1.136(a), Applicants for the above-identified application respectfully Petition the Commissioner for a two (2) month extension of time, extending the period for response to September 07, 2004, from the Office Action dated April 07, 2004. The petition filing fee of \$420.00 and an Amendment and Response to Office Action are attached.

If it should be determined that a longer extension of time is required to prevent this application from being abandoned, please charge any additional fees to Deposit Account No. 02-2666. A copy of the Fee Transmittal is enclosed for deposit account charging purposes.

Respectfully submitted,

Blakely, Sokoloff, Taylor & Zafman LLP

Date: 8-19-04

Elena B. Dreszer, Reg. No. 55,128

CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

8/19/04
Carrie Boccaccini Date



**FEET TRANSMITTAL
for FY 2004**

Effective 01/01/2004. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$ 420.00)

| Complete if Known | |
|----------------------|----------------------|
| Application Number | 09/539,734 |
| Filing Date | March 30, 2000 |
| First Named Inventor | Per Hammarlund |
| Examiner Name | Harkness, Charles A. |
| Art Unit | 2183 |
| Attorney Docket No. | 42390P6873 |

~~RECEIVED~~

METHOD OF PAYMENT (*check all that apply*)

| | | | | |
|---|--------------------------------------|--------------------------------------|--------------------------------|-------------------------------|
| <input checked="" type="checkbox"/> Check | <input type="checkbox"/> Credit card | <input type="checkbox"/> Money Order | <input type="checkbox"/> Other | <input type="checkbox"/> None |
| <input type="checkbox"/> Deposit Account | | | | |

**Deposit
Account
Number** 02-2666

The Commissioner is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments

Charge any additional fee(s) or underpayment of fees as required under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account

FEES CALCULATION

1. BASIC FILING FEE

| Large Entity | | Small Entity | | |
|--------------|----------|--------------|----------|------------------------|
| Fee Code | Fee (\$) | Fee Code | Fee (\$) | <u>Fee Description</u> |
| 1001 | 770 | 2001 | 385 | Utility filing fee |
| 1002 | 340 | 2002 | 170 | Design filing fee |
| 1003 | 530 | 2003 | 265 | Plant filing fee |
| 1004 | 770 | 2004 | 385 | Reissue filing fee |
| 1005 | 160 | 2005 | 80 | Provisional filing fee |

2. EXTRA CLAIM FEE

| Total Claims | | Claims below | Fee Paid |
|-----------------------|--------------|-----------------|----------|
| Independent Claims | - 22* - 3 | = X = X | = |
| Multiple Dependent | | | |

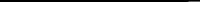
| Large Entity | | Small Entity | | |
|--------------|----------|--------------|----------|---|
| Fee Code | Fee (\$) | Fee Code | Fee (\$) | <u>Fee Description</u> |
| 1202 | 18 | 2202 | 9 | Claims in excess of 20 |
| 1201 | 86 | 2201 | 43 | Independent claims in excess of 3 |
| 1203 | 290 | 2203 | 145 | Multiple Dependent claim, if not paid |
| 1204 | 86 | 2204 | 43 | **Reissue independent claims over original patent |
| 1205 | 18 | 2205 | 9 | **Reissue claims in excess of 20 and over original patent |

**or number previously paid, if greater. For Reissues, see below.*

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 420.00)

SUBMITTED BY

| | | | | |
|-------------------|---|--------------------------------------|--------|--------------------------|
| SUBMITTED BY | | Complete (if applicable) | | |
| Name (Print/Type) | Elena B. Dreszer | Registration No. (Attorney/Agent) | 55,128 | Telephone (408) 947-8200 |
| Signature |  | | Date | 8-19-04 |

Based on PTO/SB/17 (10-03) as modified by Blakely, Solokoff, Taylor & Zafman (wlr) 02/10/2004.
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450